

PATIENT'S NAME _____ AGE _____ DATE _____

****It is important that you answer questions on both sides of form****

I. ALLERGIES: CIRCLE appropriate drugs:

Drug: Penicillin Sulfa Codeine Erythromycin

Other: _____

If allergic to any medications, briefly describe reaction experienced (examples: rash, nausea).

II. MEDICATIONS TAKEN AT HOME:

Name of Drug	Dose (number of tablets & strength)	Frequency Taken

III. PREVIOUS SURGERY:

SURGICAL PROCEDURE	DATE

IV. MEDICAL HISTORY:

Do any MEDICAL DIAGNOSES (such as high blood pressure, cancer, or diabetes) apply to you?

If so, please describe: _____

V. FAMILY HISTORY:

If any of the following applies to ANY IMMEDIATE BLOOD RELATIVE, please write that person's title (mother, brother, etc.) next to it:

High Blood Pressure Diabetes Cancer Heart Disease Kidney Disease

Stroke Tuberculosis Arthritis Anemia Headaches Mental Illness

****Please answer questions on back of form also****

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VI. SOCIAL HISTORY:

Do you use tobacco? _____ If yes, give type and frequency _____

Do you drink alcohol? _____ If yes, how often and how much?

VII. REVIEW OF SYSTEMS: CIRCLE the following if they apply to you today:

Constitutional symptoms: fever, weight loss, fatigue, weakness.

Eyes: double vision, redness, pain, glaucoma.

Ears: ringing, trouble hearing, earaches, "inner ear" dizziness.

Nose/Mouth/Throat: headache, runny nose, nasal stuffiness.

Neck: lumps in neck, swollen glands or goiter, pain in neck, swelling in neck.

Respiratory: cough, blood in sputum, emphysema, history of tuberculosis or exposure to tuberculosis.

Cardiovascular: chest pain, rheumatic fever in the past.

Gastrointestinal: nausea, vomiting, diarrhea, black tarry stools,.

Urinary: pain or pressure when urinating, excessive frequency of urination, blood in urine, urinary urgency.

Genital: discharge, hernias, sexual difficulties.

Musculoskeletal: muscle pains, joint pains, leg cramps.

Skin: rashes, lumps, itching, dryness, breast lumps or discharge.

Neurological: faintness, blackouts, seizures, tingling.

Endocrine: heat or cold intolerance, excessive hunger or thirst.

Hematologic: easy bruising or bleeding, past transfusions, anemia.

VIII. THANK YOU!